13000153563

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(De	ocument Number)	
(12)	oument number,	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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B. BOSTICK NOV **2** 5 2013

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BROOKE & Woah Collections, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexei F. BERROUET
Broke & Noah Collections, LLC
4530 Concord ANDNO DR Ap1209 Address
ORIANSO, Fl. 32839 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Alexe Serroue at (984) 588-7276 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$\$\$\$30.00 Filing Fee & \$\square\$
Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brooke & Woah Collections	LC.
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L 13000153563</u>	d on _/0/3//13 and assigned
This amendment is submitted to amend the following:	
The new name must be distinguishable and end with the words "Limited Liabil" L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	5 8
	ear search and a s
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	() () () () () () () () () () () () () (
	्र _ू । 🛱
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:	ress on our records, enter the name of the new
Name of New Registered Agent:	lexe: Berrouet
New Registered Office Address: 4536 Con	Enter Florida treet address
Orlands City	Florida 32834 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: • MGR = Manager MGRM = Managing Member **Type of Action** Title Address Alexei F Beroval Alexei F. Berroudt 4530 Cancerd landing Dr. MAdd
Orlando FL 22849
Remove 45 no Concord landing Dr. 15 30 anad landing Drive Add

Or land of L 72539 Remov Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	NEW TO CHANGE TITLES IN ARTICLET From
	NEW TO CHANGE TITLES IN ARTICLET From CED to MANAGER & CFD to ASSETANT MANAGER
Margina	MANAGER
1-W-19)	
Dated	11/19/13
_	2
	Signature of a member or authorized representative of a member
	Alexei-F. BERROUET
	Typed or printed name of signee Page 3 of 3
	Filing Fee: \$25.00

2018 NO. 21 FOR 20